

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Xiao Qing LiuCOURT CASE NUMBER
16CV4046 (ER)

DEFENDANT

New York State Department of Health et al

TYPE OF PROCESS
Service of Summons & Complaint

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**SERVE
AT**

HHC

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

NYC Health & Hospitals, 125 Worth Street, New York, New York 10013

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

PROSE: Xiao Qing Liu
333 Pearl Street
Apt. 2N
New York, NY 10038Number of process to be
served with this Form 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(212)- 805 - 0175

DATE

8/15/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

04

District of
Origin

No. 054

District to
Serve

No. 054

Signature of Authorized USMS Deputy or Clerk

Date

8/16/16

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Ambrose Blanc, Clerk

Address (complete only different than shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Date

9/26/16

Time

1153

☒ am
☐ pm

Signature of U.S. Marshal or Deputy

R. J. 4163

Service Fee

\$73.00

Total Mileage Charges
including endeavors)

32¢

Forwarding Fee

Total Charges

\$73.32

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

8/16/16 Set up for mail Service
9/23/16 set up for pls**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80

16-4046-3 ✓